

**EXPENDITURE REPORT  
EMERGENCY REPAIR PROGRAM**

SAB 61-04 (NEW 01/07)

**GENERAL INFORMATION AND REQUIRED DOCUMENTATION**

A Local Educational Agency (LEA) may use this form to report expenditures under the Emergency Repair Program (ERP) that support the Grant previously received. The LEA must retain the following documents, as appropriate, on file should the OPSC request them at the time of audit:

- Construction Contract(s) and supporting documentation [pursuant to Public Contract Code (PCC) Section 20111(b)]
- Schedule of Values
- DSA Approved Plans and Specifications and any change orders
- Cost comparison pursuant to Regulations Section 1859.323.1
- Purchase Order(s) and/or Purchase Agreement(s)
- Architect Agreement(s) and Schedule of Fees
- Qualification Appraisal documents (pursuant to Government Code 4526)
- Copy of Vendor Invoices
- Copy of Warrant(s) or Payment Voucher(s)
- For Force Account Labor Projects [pursuant to PCC Section 20114(a)], the OPSC Force Account Labor Worksheet or other documentation that contains the following information:
  - *Employee name(s)*
  - *Number of hours each employee spent on project*
  - *Hourly wages*

**SPECIFIC INSTRUCTIONS****Part A. Project Detail**

The LEA must complete one Project Detail line for each corresponding Project Detail box that was previously reported on the Form SAB 61-03. LEAs may print additional copies of page 2 as necessary to complete expenditure information.

- **Type of Project:** Choose project type indicating the type of building system or structural component for which the LEA previously requested funding on the Form SAB 61-03. The LEA may indicate only one building system or structural component per line. The numbered lines must correspond with the numbered Project Detail boxes on the Form SAB 61-03.
- **Project(s) Cost:** Provide a breakdown of the total eligible cost based on the LEA's actual cost(s).

**Part B. Total Expenditure Amount**

Provide the total expenditures based on the combined Total Project Cost(s) as reported in the Project Details box(es).

**Part C. Certifications**

The LEA representative must complete this section.

LOCAL EDUCATIONAL AGENCY (LEA)	APPLICATION NUMBER <b>61/</b>
SCHOOL NAME	FIVE-DIGIT DISTRICT CODE (SEE CALIFORNIA PUBLIC SCHOOL DIRECTORY)
COUNTY	SEVEN-DIGIT SITE CODE (SEE CALIFORNIA PUBLIC SCHOOL DIRECTORY)

**PROJECT TYPES:**

- Communication Systems
- Electrical
- Fire Detection/Alarm and/or Sprinkler System
- Flooring Systems
- Gas
- Hazardous Materials
- HVAC
- Paving
- Pest/Vermin Infestation
- Plumbing
- Roofing
- Structural Damage
- Wall Systems
- Windows/Doors/Gates
- Other

**A. PROJECT DETAIL**

Complete one Project Detail line for each Type of Project as previously reported on the Form SAB 61-03. LEAs may print additional copies of this page as necessary to complete expenditure information.

TYPE OF PROJECT (INDICATE PROJECT TYPE FROM ABOVE)	DSA NUMBER (IF APPLICABLE)	PLANNING COST	REPAIR/REPLACEMENT COST	TESTING	INSPECTION	TOTAL PROJECT COST
1.		\$	\$	\$	\$	\$
2.		\$	\$	\$	\$	\$
3.		\$	\$	\$	\$	\$
4.		\$	\$	\$	\$	\$
5.		\$	\$	\$	\$	\$
6.		\$	\$	\$	\$	\$
7.		\$	\$	\$	\$	\$
8.		\$	\$	\$	\$	\$
9.		\$	\$	\$	\$	\$
10.		\$	\$	\$	\$	\$
11.		\$	\$	\$	\$	\$
12.		\$	\$	\$	\$	\$
13.		\$	\$	\$	\$	\$
14.		\$	\$	\$	\$	\$
TOTALS		\$	\$	\$	\$	\$

**B. TOTAL EXPENDITURE AMOUNT (Combined Project Detail Totals):** \$ \_\_\_\_\_

**C. CERTIFICATIONS**

I certify, as the LEA Representative, that the information reported on this form is true and correct and that:

- I am designated as an authorized representative by the governing board of the LEA as of \_\_\_\_\_; and,
- The LEA has on file all appropriate support documentation as stipulated in the General Information and Required Documentation section on this form and will make these documents available in the event the OPSC requests them for purposes of audit; and,
- The repairs in this project were necessary to mitigate conditions that posed a threat to the health and safety of pupils or staff while at school; and,
- The expenditures reported are within the original scope of the work identified in the Grant Request for this project; and,
- The LEA has complied with all laws pertaining to the repair of its school facilities; and,
- The LEA has complied with the Public Contract Code; and,
- The LEA has satisfied the supplement, not supplant requirement as defined in Section 1859.328; and,
- The expenditures for this project did not duplicate expenditures included in a School Facility Program, Deferred Maintenance Program or ERP project; and,
- The construction activities for this project(s) are completed; and,
- The LEA has complied with Regulation Section 1859.323.1 when replacing systems or components and has obtained a cost comparison which is on file at the LEA office for OPSC review; and,
- The LEA has complied with Regulation Section 1859.323.2(h) when making repairs to leased facilities; and
- The contracts for services or work in this project were not entered into prior to the date specified in Section 1859.324; and,
- The LEA understands that expenditures occurring after the submittal of this Expenditure Report are ineligible for reimbursement; and,
- Unless the project is determined to require a Grant Adjustment pursuant to ERP regulations Section 1859.324.1, that the grant amount previously provided by the Board shall be deemed a full and final apportionment, and that all Grant Adjustments are full and final; and,
- The LEA understands that some or all of the funding for the project may be returned to the State as a result of an audit pursuant to Regulation Sections 1859.326 and 1859.327; and,
- The LEA has obtained the Division of State Architect's approval of the plans and specifications, if required, which are on file at the LEA office for OPSC review; and
- This form is an exact duplicate (verbatim) of the form provided by the Office of Public School Construction. In the event a conflict should exist, then the language in the OPSC form will prevail.

I certify under penalty of perjury under the laws of the State of California that the statements in this application and supporting documents are true and correct.

NAME OF LEA REPRESENTATIVE (PRINTED OR TYPED)	TITLE		
SIGNATURE OF LEA REPRESENTATIVE	DATE		
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER	E-MAIL ADDRESS		